U.S. Department of Justice United States Marshals Service	See Instructions on the reverse of	REC YT AND RET for "Service of Process by the of this form.	URN U.S. Marshal"
PLAINTIFF Q		COURT CASE NUMBE	P
Lee		CV-00-	
DEFENDANT		TYPE OF PROCESS	486
<u> USA</u>		540	
NAME OF INDIVIDUAL, COMPAN Solution ADDRESS (Street or RFD, Apparting) AT		A Daniel Charles of the Control of t	
SEND NOTICE OF SERVICE COPY TO REQUESTER		fambback.	·
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Signature of Attorney or other Originator requesting service of	TAKEN COSTON ENGINEER 1 1 DI AINTIEU	TELEPHONE NUMBER	DATE
SPACE BELOW FOR USE OF U.S.	MARSHAL ONLY — DO	NOT WRITE BELOV	V THIS LINE
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more District of Origin)	District Signature of Authoriz	zed USMS Deputy or Clerk 2 DANIE SEE 2016 (2016)	Date
I hereby certify and return that I Nave personally served, con the individual, company, corporation, etc., at the address s	have legal evidence of service, have exesting above or on the individual, company.	content as shown in "Remarks", the procured as shown in "Remarks", the procured to the address of the shown at the address of the shown at the address of the shown in "Remarks", the procured to the shown in "Remarks", the shown in "Remarks" is the shown in "Remarks" in the shown in "Remarks" is the shown in "Remarks" in the shown	ocess described ss inserted below.
I hereby certify and return that I am unable to locate	the individual, company, corporation, etc.	, named above (See remarks below) _
Name and title of individual served (if not shown above)	J.S. Altorny	A person of sur- cretion then rest usual place of	itable age and dis- ding in the defendant's
Address (complete only if different than shown above)		Date of Service	ine UU 2000 1 Per pm
		Signature of U.S.W	larshal or Deputy

9E:6 IN 7-130 (0)7

Advance Deposits

Amount owed to U.S. Marshal or

NEWS, MIDDLEZPA RECEIVED

Service Fee

REMARKS:

Total Mileage Charges

(including endeavors)

Total Charges

Forwarding Fee

Amount of Refund

U.S. Department of Justice United States Marshals Service	ce un.	e or cocess by the U	RN J.S. Marshal"
onited States Warshals Selvin	ee on .	iorm.	
PLAINTIFF ()		COURT CASE NUMBER	
X02		_ CV-00-48	6
DEFENDANT		TYPE OF PROCESS	
LISA		Sac	
SERVE NAME OF INDIVIDUAL, CO	MPANY, CORPORATION, ETC., TO SERVE OR I	DESCRIPTION OF PROPERTY TO S	EIZE OR CONDEN
* Rathleen	M. Hawb - Low	yer, xeresta	
$\rho : \mathcal{D} \to \mathbb{R}$	Apartment No., City, State and ZIP Code)	. 06 -	
AT (BU), 320 A	Eist St. Washen	iter the 20.	5 34
SEND NOTICE OF SERVICE COPY TO REQUE	STER AT NAME AND ADDRESS BELOW:	Number of process to be	
<u> </u>	į	served with this Form - 285	
1			
•	!	Number of parties to be served in this case	
	,		
		for service	
	COMPLETE THIS SECTION ON DELIVERY	.A.	
DER: COMPLETE THIS SECTION	A. Received by (Please Print Clearly) 8. Date of D	elivery 3 (Include Business and Alte	ernate Addresses, Ali
and 3 Also complete	A. Received by In roads	<u>2</u>	Fo
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rint your name and additional to you. that we can return the card to you.	√ stavor □ Add	ressee	
o that we can return the call to you hat we can this card to the back of the mailpiece, off on the front if space permits.	D. Is delively address different from item 1? Yes		
	If YES, enter delivery address below:		~
ticle Addressed to:	LI .		
	ll.		
, sheen Hawb-Saye		ONE NUMBER	DATE
Kathleen Hawb-Same		ONE NUMBER	DATE
Kathlen Hawb-Same DIRECTOR ILS RUREAU OF PRISONS	3. Service Type	ONE NUMBER	DATE
U. S. BUREAU OF PRISORY	3. Service Type Certified Mail Express Mail Return Receipt for Men		
320 Ist STREET, N. W.	Certified Mail Express Mail		
U. S. BUREAU OF FRIDORY	☐ Registered ☐ Return Receipt for Men	chandise VRITE BELOW Deputy or Clerk	THIS LINE
320 1st STREET, N. W. WASHINGTON, D.C. 20537	☐ Registered ☐ Return Receipt for Men ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Y	chandise VRITE BELOW Deputy or Clerk	THIS LINE
U. S. BUREAU OF FRIGORO 320 1st STREET, N. W. WASHINGTON, D.C. 20537	☐ Registered ☐ Return Receipt for Men☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Y	chandise VRITE BELOW Deputy or Clerk WC	THIS LINE Date 9/21/00
220 1st STREET, N. W. WASHINGTON, D.C. 20537 Article Number (Copy from service label) 299 3400 0003 083 4854	☐ Registered ☐ Return Receipt for Men ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Y	chandise VRITE BELOW Deputy or Clerk	Date 9/21/00
320 1st STREET, N. W. WASHINGTON, D.C. 20537 Article Number (Copy from service label) 3999 3400 0003 083 4854. S Form 3811, July 1999 Domestic	Return Receipt Registered Return Receipt for Menoration Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yesturn Receipt Return Receipt 102595-	Deputy or Clerk	Date Date 9/21/00
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220 1st STREET, N. W. WASHINGTON, D.C. 20537 Article Number (Copy from service label) 099 3400 0003 083 4854 S Form 3811, July 1999 Name and title of individual served (if not shown	Registered Return Receipt for Men C.O.D. 4. Restricted Delivery? (Extra Fee) CV - CO-S Return Receipt 102595- 10cate the individual, company, corporation, etc., above)	Deputy or Clerk Deputy or Clerk Ses White Property of the p	Date Date D
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U.S. Department of Justice United States Marshals Service

on the reverse of this form.

PLAINTIFF			COURT CASE NUMB	
OLE CONTROL OF THE PROPERTY OF			CV-00-1	186
DEFENDANT USA			TYPE OF PROCESS	
SERVE NAME OF INDIVIDUAL, COMPAN			TION OF PROPERTY TO	SEIZE OR CONDENIN
	ust It, No			
ADDRESS (Street or RFD, Apartin	ent No., City, State and 21P Co DC 20534	ode)		,
SEND NOTICE OF SERVICE COPY TO REQUESTER		ELOW:		T
	. <u> </u>	I Mulliper	of process to be with this Form - 285	
SENDER: COMPLETE THIS SECTION		1	of parties to be	
- COMPLOTO A	COMPLETE THIS OFF	•	7	
Complete items 1, 2, and 3. Also complete M item 4 if Restricted Delivery is depired.	COMPLETE THIS SECTION	V ON DELIVERY		
so that we can the second of the report of	A. Received thy (Pidase Print	Glearty) Page of	elivery Pusinger and	Alternate Addresses, All
S Attach this card to the back of the maintier or on the front if space permits.	C. Signature	OF/EVI	Business and	
Article Addressed to:	1 Tomans	Agen		<u>Fold</u>
	D. Is delivery address different	D Adde		
nu catao	If YES, enter delivery addre	from item 1? Yes		
ASTECTOR	{{			
U. S. BUREAU OF PRISONS				*
320 1st STREET, N. W.	3 6		MANCO	Trans
WASHINGTON, D.C. 20537	3. Service Type G Certified Mail		NUMBER	DATE
		ss Mail		
2. Article Number	☐ Insured Mail ☐ C.O.D	Receipt for Merchandi	ise RELO	W THIS LINE
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee	e) □ Yes		
PS Form 3811, July 1999	-606		outy or Clerk	Date
than one USM 283 is summer.	⊓ Receipt	CV-00-48	6	9/2/00
		102595-99-M-1789		
I hereby certify and return that I \square have personally served, on the individual, company, corporation, etc., at the address		I, company, corporation	vn in "Remarks", the particle, shown at the add	
☐ I hereby certify and return that I am unable to locat	the individual, company, corpo	oration, etc., named a	ibove (See remarks belo	ow)
Name and title of individual served (if not shown above)		A person of s	suitable age and dis-
			cretion then re usual place of	siding in the defendant's f abode.
Address (complete only if different than shown above)			Date of Service	Time am
			9/27	pm
			Signature of U.S.	Marshal or Deputy
Service Fee Total Mileage Charges Forwarding Fe	e Total Charges Advance De	posits Amount ow	ed to U.S. Marshal or	Amount of Refund
(including endeavors)	8,00	- Faster of the second of the		
REMARKS:	<u> </u>		<u></u>	·

U.S. Department of Justice United States Marshals Service

PROCESS REC PT AND RETURN

See Instructions for "See, ace of Process by the U.S. Marshal" on the reverse of this form.

DI A DITTIET		COLUMN CACE MUMPED
PLAINTIFF 200		COURT CASE NUMBER
DEFENDANT		TYPE OF PROCESS
<u>usa</u>		54e
SERVE DAME OF INDIVID	OUAL, COMPANY, CORPORATION, ETC., TO SERVE OR	DESCRIPTION OF PROPERTY TO SEIZE OR CONDENT
ADDRESS (Street	or RFD. Aparthent No City. State and ZIP Codes	<u>09</u>
	4 0 0	
	REQUESTER AT NAME AND ADDRESS BELOW:	T
	MESCHOLEK W. WILLS HAD ADDRESS SEGUL	Number of process to be I served with this Form - 285
l		
		Number of parties to be served in this case
ı		
<u> </u>	·	Check for service on U.S.A.
ENDER: COMPLETE TO	THE THE PROPERTY OF THE PROPER	SERVICE (Include Business and Alternate Addresses, All
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	Fold
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (b)	leth conv
so that we can return the	1	- ·
Attach this card to the back of the mailpiece or on the front if space permits.	X	
Article Addressed to:	D. Is delivery address different from the Addre	essee
	If YES, enter delivery address below: \(\square\) No	EPHONE NUMBER DATE
		Erronz Nomber
HE ATTORNEY GENERAL		
PARTAPROVEDE OF	3. Service Type	T WRITE BELOW THIS LINE
ASHINGTON, BICE 20510	Certified Mail Express Mail	SMS Deputy or Clerk Date
SEP SA	☐ Insured Mail ☐ C.O.D	dise velle 9/21/0c
ticle Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes	d as shown in "Remarks", the process described
3400 DO 403		oration, etc., shown at the address inserted below.
Tankonestic	O\$345-76 CV-00-480 Return Receipt 102595-99-M-176	arned above (See remarks below)
Name and title of individual served (if n		A person of suitable age and dis-
		cretion then residing in the defendant's usual place of abode.
Address (complete only if different than sh	own above)	Date of Service Time am
		9/28/00 pm
		Signature of U.S. Marshal or Deputy
		andre Freelle
Service Fee Total Mileage Charges (including endeavors)	Forwarding Fee Total Charges Advance Deposits	Amount owed to U.S. Marshal or Amount of Refund
4.00 (menoning endeavors)	8.00	
REMARKS:		

TTED STATES DISTRICT COUR MIDDLE DISTRICT OF PENNSYLVANIA

SUMMONS IN A CIVIL ACTION

Plaintiff

V.

CASE NUMBER: 1:00-cv-00486

United States of Ame Defendant

TO:

(SEE COMPLAINT)

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

Plaintiff's Attorney:

Paul Lee FCI-ALLENWOOD 01656-087 P.O. Box 2000 White Deer, PA 17887

an answer to the complaint which is herewith served upon you, within _ (60) SIXTY DAYS after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

MARY E. D'ANDREA, Clerk

DATE: September 20, 2000

UNITED STATES DISTRICT COUR MIDDLE DISTRICT OF PENNSYLVANIA

SUMMONS IN A CIVIL ACTION

والمراوية بالمرابين بروازي والمراوية المحاب فيشاروها فتشاه ويعطهم والمعبوطة والمحارفي ويرهجوه والمارات

PARTIES FOR CASE #1:00-cv-00486

Paul Lee plaintiff

v. United States of America defendant Kathleen M. Hawk-Sawyer defendant Bureau of Prisons defendant

ETURN OF SERVICE - Case # 00-cv-00486

Service of the Summons	and Complaint was made	de by me *	DATE
NAME OF SERVER (Print)			TITLE
Check one box below to	indicate method of se	ervice	
Served personal	ly upon the defendant	. Place whe	ere served:
place of abode then residing the	reof at the defendant with a person of suita herein. with whom the summons	able age and	discretion
Returned unexect	uted:		
Other (specify)		St S	
	STATEMENT OF SERVICE	FEES	
TRAVEL	ERVICES		TOTAL
\\	DECLARATION OF SERVE	ER	
I declare under United States of Amerithe Return of Service Executed on Date	and Statement of Serv	, informatio	n contained in true and correct.
	Address	of Server	

^{*)} As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure